

ATTORNEY DOCKET NO. 21085.0134U4
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
RUPPERT <i>et al.</i>)	Art Unit: 1643
)	
Application No.: 10/776,133)	
)	Examiner: Canella, Karen A.
Filing Date: February 11, 2004)	
)	
For: "KRUPPELL-LIKE TRANSCRIPTIONAL)	Confirmation No.: 5751
FACTOR KLF4/GKLF AND USE)	
THEREOF")	

TRANSMITTAL LETTER

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
 Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Amendment/Response to Office Action
<input checked="" type="checkbox"/> Fee as calculated below
<input type="checkbox"/> No Additional Fee Required
<input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Request for Extension of Time
<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Other _____ |
|--|--|

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE	
Total Claims				X \$50.00		\$0.00	
Independent Claims				X \$200.00		\$0.00	
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00	
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$1020.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$510.00
TOTAL FEE DUE							\$510.00

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APPLICATION NO. 10/776,133

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$510.00 for the fees designated below.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)